

**CONTRACT #6**  
**RFS # 349.03-404**

**Department of Safety**

**VENDOR:**  
**Intergraph Public System**




**STATE OF TENNESSEE**  
**DEPARTMENT OF SAFETY**  
**FISCAL SERVICES DIVISION**  
**1150 FOSTER AVE., RM 131 HARDISON BLDG.**  
**NASHVILLE, TENNESSEE 37210**

**RECEIVED**

**MAR 30 2006**

**FISCAL REVIEW**

Memorandum:

To: Fiscal Review Committee  
From: Bill Hedge, Fiscal Director 2   
Date: March 30, 2006  
Subject: Computer Aided Dispatch- Amendment 1

Attached is contract amendment 1 for the Computer Aided Dispatch. This amendment adds mobile Computer Aided Dispatch system which was included in the original contract price quote as a core Computer Aided Dispatch system option and also adds seven computer aided dispatch workstations as CAD training positions.

Inclusion of the mobile Computer Aided Dispatch contract option provides digital dispatch capability which will greatly streamline the safety data collection, decreasing workload on the department's limited voice radio system while increasing trooper efficiency and safety. The addition of 7 CAD training positions will provide the capability to provide structured formal CAD operation training for new Safety Dispatch personnel, resulting in increased user familiarity and proficiency with the CAD system to more effectively ensure the safety of both troopers and the motoring public.

You favorable consideration of our request will be greatly appreciated.

## REQUEST: NON-COMPETITIVE AMENDMENT

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MAR 30 2006

FISCAL REVIEW

APPROVED

Commissioner of Finance &amp; Administration

Date:

## EACH REQUEST ITEM BELOW MUST BE DETAILED OR ADDRESSED AS REQUIRED

1) RFS #	349.03-404	
2) State Agency Name :	Safety	
EXISTING CONTRACT INFORMATION		
3) Service Caption :	Computer Aided Dispatch System	
4) Contractor :	Intergraph Public System	
5) Contract #	FA-05-16156-01	
6) Contract Start Date :	10/1/04	
7) <u>Current</u> Contract End Date IF <u>all</u> Options to Extend the Contract are Exercised :	9/30/07	
8) <u>Current</u> Total Maximum Cost IF <u>all</u> Options to Extend the Contract are Exercised :	\$1,451,270.00	
PROPOSED AMENDMENT INFORMATION		
9) <u>Proposed</u> Amendment #	1	
10) <u>Proposed</u> Amendment Effective Date : (attached explanation required if date is < 60 days after F&A receipt)	3/30/06	
11) <u>Proposed</u> Contract End Date IF <u>all</u> Options to Extend the Contract are Exercised :	9/30/07	
12) <u>Proposed</u> Total Maximum Cost IF <u>all</u> Options to Extend the Contract are Exercised :	9/30/07	
13) Approval Criteria : (select one)	<input checked="" type="checkbox"/> use of Non-Competitive Negotiation is in the best interest of the state <input type="checkbox"/> only one uniquely qualified service provider able to provide the service	
14) Description of the Proposed Amendment Effects & Any Additional Service:		
Amendment adds mobile Computer Aided Dispatch system (included in RFP and original contract price quote as a core Computer Aided Dispatch system option) also adds seven (7) computer aided dispatch workstations as CAD training positions.		
15) Explanation of Need for the Proposed Amendment :		
Inclusion of the mobile Computer Aided Dispatch (CAD) contract option provides digital dispatch capability which will greatly streamline		

public safety data collection, decreasing workload on the department's limited voice radio system while increasing trooper efficiency and safety. Addition of seven (7) CAD training positions will provide the capability to provide structured formal CAD operator training for new Safety Dispatch personnel, resulting in increased user familiarity and proficiency with the CAD system to more effectively ensure the safety of both troopers and the motoring public.

**16) Name & Address of Contractor's Current Principal Owner(s) :**  
(not required if proposed contractor is a state education institution)

Intergraph Public Safety, 241 Business Park Blvd., Madison, Alabama 35758

**17) Documentation of Office for Information Resources Endorsement :**  
(required only if the subject service involves information technology)

select one:

☐

Documentation Not Applicable to this Request

☒

Documentation Attached to this Request

**18) Documentation of Department of Personnel Endorsement :**  
(required only if the subject service involves training for state employees)

select one:

☒

Documentation Not Applicable to this Request

☐

Documentation Attached to this Request

**19) Documentation of State Architect Endorsement :**  
(required only if the subject service involves construction or real property related services)

select one:

☒

Documentation Not Applicable to this Request

☐

Documentation Attached to this Request

**20) Description of Procuring Agency Efforts to Identify Reasonable, Competitive, Procurement Alternatives :**

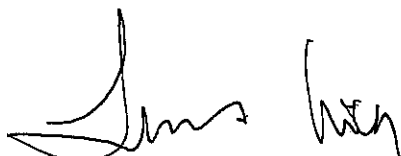
CAD RFP# 349.03-404 Para A.1. GENERAL SYSTEM REQUIREMENTS states "Functionality is to be included for a map-centric Computer Aide Dispatch (CAD) system with capability to add an integrated Records Management System (RMS), mobile CAD, and Automated Vehicle Location (AVL) modules for law enforcement and emergency management agencies." Initial contract focus was on the core CAD system, however; the intent was to exercise system options to provide a fully integrated CAD system providing true roadside data collection capabilities. In order to field an integrated/homogeneous CAD system the CAD RFP required vendor quotes to include quotes for RMS, mobile CAD, and AVL. All quotes were factored into determination of the selection of vendor for contract award.

**21) Justification for the Proposed Non-Competitive Amendment :**

Requested amendment exercises the mobile CAD option included in contract price quote.

**REQUESTING AGENCY HEAD SIGNATURE & DATE :**

(must be signed & dated by the ACTUAL procuring agency head as detailed on the Signature Certification on file with OCR— signature by an authorized signatory will be accepted only in documented exigent circumstances)



Agency Head Signature

Date

**FAX TRANSMITTAL**

**TO :** Bill Ezell, Chief Information Officer  
Office for Information Resources **FAX #** 532-0471

**FROM :** Deborah Bradley, Fiscal Director 1 **FAX #** 253-2652

**DATE :** March 7, 2006

**RFS #** 349.03-404 (Contract FA 05-16156 Amendment 1)

**RE :** Procurement Endorsement — Computer Aided Dispatch- Mobile Data  
Computer System Module

**NUMBER OF FAX PAGES (including cover) :** 1

The nature and scope of service detailed in the attached service procurement document(s) appears to require Office for Information Resources (OIR) review and support, because the procurement involves information technology or information systems services.

This communication seeks to ensure that OIR is aware of the procurement and has an opportunity to review the matter. Please determine whether OIR is supportive of the procurement. If you have any questions or concerns about this matter, please call Mike Hudgens at (615) 253-3233 or Don Baisden @ 251-5323.

Please indicate below your response to this proposed procurement, and return this communication at your earliest convenience (note the return FAX number above).

Thank you for your help.

Attachment(s)

**OIR Endorsement :**

*Bill Ezell (pc)*

*3/8/06*

OIR Chief Information Officer Signature

Date

*Endorsed for technical merit only.*

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MAR 30 2006

**FISCAL REVIEW**

# CONTRACT SUMMARY SHEET


021406

<b>RFS#</b>	<b>Contract #</b>
<b>349.03-404 (Amendment 1)</b>	<b>FA05-16156</b>
<b>State Agency</b>	<b>State Agency Division</b>
SAFETY	HIGHWAY PATROL
<b>Contractor Name</b>	<b>Contractor ID # (FEIN or SSN)</b>
INTERGRAPH PUBLIC SAFETY	<input type="checkbox"/> C- or <input checked="" type="checkbox"/> X <input type="checkbox"/> V- 63-0573222-11

<b>Service Description</b>			
COMPUTER AIDED DISPATCH SYSTEM			
<b>Contract BEGIN Date</b>	<b>Contract END Date</b>	<b>Subrecipient or Vendor?</b>	<b>OFDA #</b>
10/1/2004	9/30/2007	VENDOR	

<b>Mark Each TRUE Statement</b>	
<input checked="" type="checkbox"/> Contractor is on STARS	<input checked="" type="checkbox"/> Contractor's Form W-9 is on file in Accounts

<b>Allotment Code</b>	<b>Cost Center</b>	<b>Object Code</b>	<b>Fund</b>	<b>Funding Grant Code</b>	<b>Funding Subgrant Code</b>
349.03	CAD	083	11	480	
<b>FY</b>	<b>State</b>	<b>Federal</b>	<b>Interdepartmental</b>	<b>Other</b>	<b>TOTAL Contract Amount</b>
2005			\$ 1,143,125.00		\$ 1,143,125.00
2006			\$ 308,145.00		\$ 308,145.00
2007					\$ -
2008					\$ -
					\$ -
					\$ -
<b>TOTAL</b>	\$ -	\$ -	\$ 1,451,270.00	\$ -	\$ 1,451,270.00

<b>— COMPLETE FOR AMENDMENTS ONLY —</b>			<b>State Agency Fiscal Contact &amp; Telephone #</b>
<b>FY</b>	<b>Base Contract &amp; Prior Amendments</b>	<b>THIS Amendment ONLY</b>	DEBBIE BRADLEY (615) 251-5137
2005	\$ 1,143,125.00	\$ -	<b>State Agency Budget Officer Approval</b> 
2006	\$ -	\$ 308,145.00	
2007			
2008			
			<b>Funding Certification</b> (certification, required by T.C.A., § 9-4-5113, that there is a balance in the appropriation from which the obligated expenditure is required to be paid that is not otherwise encumbered to pay obligations previously incurred)
<b>TOTAL</b>	\$ 1,143,125.00	\$ 308,145.00	
<b>End Date</b>			

<b>Contractor Ownership</b> (complete only for base contracts with contract # prefix FA or GR)					
<input type="checkbox"/> African American	<input type="checkbox"/> Person w/ Disability	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Small Business	<input checked="" type="checkbox"/> NOT disadvantaged	
<input type="checkbox"/> Asian	<input type="checkbox"/> Female	<input type="checkbox"/> Native American	<input type="checkbox"/> OTHER minority/disadvantaged—		

<b>Contractor Selection Method</b> (complete for ALL base contracts — N/A to amendments or delegated authorities)			
<input type="checkbox"/> RFP	<input type="checkbox"/> Competitive Negotiation	<input type="checkbox"/> Alternative Competitive Method	
<input type="checkbox"/> Non-Competitive Negotiation	<input type="checkbox"/> Negotiation w/ Government (eg, ID, GG, GU)	<input type="checkbox"/> Other	

<b>Procurement Process Summary</b> (complete for Alternative Method, Competitive Negotiation, Non-Competitive Negotiation, OR Other)
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## FISCAL REVIEW

**AMENDMENT ONE  
TO CONTRACT FA-05-16156**

This CONTRACT, by and between the State of Tennessee, Department of Safety, hereinafter referred to as the State, and Intergraph Public Safety, Inc, hereinafter referred to as the CONTRACTOR, is hereby amended as follows:

1. Delete Section C.1. Maximum Liability in its entirety and insert the following in its place:

**C.1. Maximum Liability.** In no even shall the maximum liability of the State under this Contract exceed one million and four hundred-fifty one thousand and two hundred and seventy dollars (\$1,451,270.00). The Service Rates in Section C.3 shall constituted the entire compensation due the Contractor for the Service and all of the Contractor's obligations hereunder regardless of the difficulty, material or equipment required The Service Rates in Section C.3 shall constitute the entire compensation due the Contractor for the Service and all of the Contractor's obligations hereunder regardless of the difficulty, materials or equipment required. The Service Rates include, but are not limited to, all applicable taxes, fees, overheads, and all other direct and indirect costs incurred or to be incurred by the Contractor.

The Contractor is not entitled to be paid the maximum liability for any period under the Contract or any extensions of the Contract for work not requested by the State. The maximum liability represents available funds for payment to the Contractor and does not guarantee payment of any such funds to the Contractor under this Contract unless the State requests work and the Contractor performs said work. In which case, the Contractor shall be paid in accordance with the Service Rates detailed in Section C.3. The State is under no obligation to request work from the Contractor in any specific dollar amounts or to request any work at all from the Contractor during any period of this Contract.

2. Delete Section C.3. Payment Methodology in its entirety and insert the following in its place:

**C.3. Payment Methodology.** The Contractor shall be compensated based on the Service Rates herein for units of service authorized by the State in a total amount not to exceed the Contract Maximum Liability established in Section C.1. The Contractor's compensation shall be contingent upon the satisfactory completion of units of service or project milestones defined in Section A, paragraph A.30.4. The Contractor shall be compensated based upon the following Service Rates:

**SERVICE UNIT/MILESTONE**

**AMOUNT**

Phase I – Completion (Inclusive of all system design, installation, implementation, and required training resulting in Phase I successful acceptance testing and signoff for commencement of live operations)

Estimated at 55%  
of Core CAD  
System Cost or  
\$628,718.75

Phase II – Completion (Inclusive of all system design, installation, implementation, and required training resulting in Phase II successful acceptance testing and signoff for commencement of live operations)

Estimated at 15%  
of Core CAD  
System Cost or  
\$171,468.75

Phase III – Completion (Inclusive of all system design, installation, implementation, and required training resulting in Phase III successful acceptance testing and signoff for commencement of live operations)

Estimated at 15%  
of Core CAD  
System Cost or  
\$171,468.75

CAD Mobile System – Completion (Inclusive of all system design, installation, implementation, and required training resulting in CAD Mobile System successful acceptance testing and signoff for commencement of live operations)

100 % of CAD  
Mobile System  
Cost or  
\$224,917.00

CAD Training Workstations & Mapping software support –  
Completion (Inclusive of all system design, installation, implementation, resulting in successful acceptance testing and signoff for CAD Training Workstation use with training database connection.

100 % of CAD  
Mobile System  
Cost or  
\$83,228.00

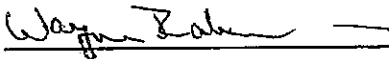
System Acceptance

Estimated at 15%  
of Core CAD  
System Cost or  
\$171,468.75

The other terms and conditions of this CONTRACT not amended hereby shall remain in full force and effect.

IN WITNESS WHEREOF,

INTERGRAPH CORPORATION:



CONTRACTOR SIGNATURE

2-23-06

DATE

Wayne Robinson, Sr. Contract Administrator

DEPARTMENT OF SAFETY



Gerald F. Nicely, Commissioner

3/7/06

DATE

APPROVED:

DEPARTMENT OF FINANCE AND ADMINISTRATION:

M.D. Goetz, Jr., Commissioner

DATE

DEPARTMENT OF PERSONNEL:

Nat E. Johnson, Acting Commissioner

DATE

COMPTROLLER OF THE TREASURY:

John G. Morgan, Comptroller of the Treasury

DATE

# CONTRACT SUMMARY SHEET

RFS Number:	349.03-404	Contract Number:	FA 05-16156-W
State Agency:	SAFETY	Division:	Highway Patrol
Contractor:		Contractor Identification Number:	
Integraph Public Safety		X	V-
		C-	63-0573222-11

Service Description:
Computer Aided Dispatch System

Contract Begin Date:	Contract End Date:
1-Oct-04	30-Sep-07

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
349.03	CAD	83	11	X	on STARS	480

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (include ALL amendments)
2005			\$1,143,125.00		\$1,143,125.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
Total	\$0.00	\$0.00	\$1,143,125.00	\$0.00	\$1,143,125.00

CFDA Number:	Check the box (below) ONLY if the answer is YES:
State Fiscal Contact	Is the Contractor a SUBRECIPIENT? (per OMB A-133)
Name: DEBBIE BRADLEY	Is the Contractor a VENDOR? (per OMB A-133) <span style="float: right;">X</span>
Address: 1150 FOSTER AVE., NASHVILLE TN 37210	Is the Fiscal Year Funding STRICTLY LIMITED? <span style="float: right;">X</span>
Phone: (615) 251-5137	Is the Contractor on STARS? <span style="float: right;">X</span>
Procuring Agency Budget Officer Signature	Is the Contractor's FORM W-9 ATTACHED?
	Is the Contractor's Form W-9 Filed with Accounts? <span style="float: right;">X</span>
	Funding Certification

COMPLETE FOR ALL AMENDMENTS (only)		
	Base Contract & Prior Amendments	This Amendment ONLY
End Date >		
FY 2004		
FY 2005		
FY 2006		
FY 2007		
FY 2008		
FY		
Totals:	\$0.00	\$0.00

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

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## FISCAL REVIEW

OCT 18 2004

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OCT 12 PM 3:11

MAIL ROOM SERVICES

OFFICE OF

INTEGRITY